

SECTION I - TAXPAYER IDENTIFYING INFORMATION

1. EMPLOYER IDENTIFICATION NUMBER <i>(Required see instructions)</i>	2. BUSINESS TELEPHONE NUMBER ()	FOR TTB USE ONLY
3. NAME <i>(Last, First, Middle)</i> or CORPORATE NAME <i>(If Corporation)</i>		
4. TRADE NAME		
5. MAILING ADDRESS <i>(Street address or P.O. box number)</i>		
6. CITY STATE ZIP CODE		
ACTUAL LOCATION <i>(IF DIFFERENT THAN ABOVE)</i>		
7. PHYSICAL ADDRESS OF PRINCIPAL PLACE OF BUSINESS <i>(Show street address)</i>		9. TAX PERIOD COVERING (only one tax period per form) FROM: _____ <i>(mm/dd/yyyy)</i> TO: June 30, _____ <i>(yyyy)</i>
8. CITY STATE ZIP CODE		

TAX CLASS DESCRIPTION (FOR ITEMS MARKED*, SEE INSTRUCTIONS) (a)		MONTHLY (b)	ANNUAL (c)	LOCATIONS (d)	TAX DUE (e)	CODE (f)
RETAIL DEALER	Liquors (<i>Distilled spirits, wine or beer</i>)	\$20.83 ¹ / ₃	\$250			11
	Beer only	\$20.83 ¹ / ₃	250			12
	Liquors (Distilled Spirits, Wine or Beer) - at large	\$20.83 ¹ / ₃	250			15
	Beer only - at large	\$20.83 ¹ / ₃	250			16
WHOLESALE DEALER	Distilled spirits, wine or beer	\$41.66 ² / ₃	500			31
	Beer only	\$41.66 ² / ₃	500			32
BREWER	Regular rate	\$83.33 ¹ / ₃	1000			41
	REDUCED rate*	\$41.66 ² / ₃	500			43*
NONBEVERAGE DRAWBACK CLAIMANT			500			51
INDUSTRIAL ALCOHOL	User of specially denatured alcohol	\$20.83 ¹ / ₃	250			55
	Dealer in specially denatured alcohol	\$20.83 ¹ / ₃	250			56
	User of tax-free alcohol	\$20.83 ¹ / ₃	250			57
ALCOHOL PRODUCERS	Proprietor of alcohol fuel plant	\$83.33 ¹ / ₃	1000			58
	Proprietor of alcohol fuel plant - REDUCED*	\$41.66 ² / ₃	500			59*
	Proprietor of distilled spirits plant	\$83.33 ¹ / ₃	1000			81
	Proprietor of distilled spirits plant - REDUCED*	\$41.66 ² / ₃	500			86*
	Proprietor of bonded wine cellar	\$83.33 ¹ / ₃	1000			82
	Proprietor of bonded wine cellar - REDUCED*	\$41.66 ² / ₃	500			87*
	Proprietor of bonded wine warehouse	\$83.33 ¹ / ₃	1000			83
	Proprietor of bonded wine warehouse - REDUCED*	\$41.66 ² / ₃	500			88*
	Proprietor of taxpaid wine bottling house	\$83.33 ¹ / ₃	1000			84
	Proprietor of taxpaid wine bottling house - REDUCED*	\$41.66 ² / ₃	500			89*
TOBACCO PRODUCTS	Manufacturer of tobacco products	\$83.33 ¹ / ₃	1000			91
	Manufacturer of tobacco products - REDUCED*	\$41.66 ² / ₃	500			95*
	Manufacturer of cigarette papers and tubes	\$83.33 ¹ / ₃	1000			92
	Manufacturer of cigarette papers and tubes - REDUCED*	\$41.66 ² / ₃	500			96*
	Proprietor of export warehouse	\$83.33 ¹ / ₃	1000			93
	Proprietor of export warehouse - REDUCED*	\$41.66 ² / ₃	500			97*

MAKE CHECK OR MONEY ORDER PAYABLE TO "ALCOHOL AND TOBACCO TAX AND TRADE BUREAU", TOTAL TAX DUE \$
WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON THE CHECK AND SEND IT WITH THE RETURN
TO TTB, P.O. BOX 371962, PITTSBURGH, PA 15250-7962.

Under penalties of perjury, I declare that the statements in this return/registration are true and correct to the best of my knowledge and belief; that this return/registration applies only to the specified business and location or, where the return/registration is for more than one location, it applies only to the businesses at the locations specified on the attached list. Note: Violation of Title 26, United States Code 7206, with the respect to a declaration under the penalties of perjury, is punishable upon conviction by a fine of not more than \$100,000 (\$500,000 in the case of a corporation) or imprisonment for not more than 3 years, or both, with the costs of prosecution added thereto.

SIGNATURE	TITLE	DATE
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SECTION III - BUSINESS REGISTRATION

10. OWNERSHIP INFORMATION: ☐ INDIVIDUAL OWNER ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ OTHER (Specify) _____
(Check One Box Only)

11. OWNERSHIP RESPONSIBILITY: (Read instruction sheet; use a separate sheet of paper if additional space is needed.)

FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION

12. ☐ GROSS RECEIPTS less than \$500,000 (See instructions for reduced rate taxpayers on the attached instruction sheet)

13. <input type="checkbox"/> NEW BUSINESS (NOTE: RETAILERS AND WHOLESALERS SHOW DATE ALCOHOLIC BEVERAGE SALES BEGAN; PRODUCERS, MANUFACTURERS AND USERS SHOW DATE BUSINESS COMMENCED)	DATE OF CHANGE (mm, dd, yyyy)
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14. ☐ EXISTING BUSINESS WITH CHANGE IN:

<input type="checkbox"/> (a) NAME/TRADE NAME (Indicate)	DATE OF CHANGE (mm, dd, yyyy)
<input type="checkbox"/> (b) ADDRESS (Indicate)	DATE OF CHANGE (mm, dd, yy)yy
<input type="checkbox"/> (c) OWNERSHIP (Indicate)	DATE OF CHANGE (mm, dd, yyyy)
<input type="checkbox"/> (d) EMPLOYER IDENTIFICATION NUMBER (OLD: NEW:)	DATE OF CHANGE (mm, dd, yyyy)
<input type="checkbox"/> (e) BUSINESS TELEPHONE NUMBER ()	

15. <input type="checkbox"/> DISCONTINUED BUSINESS	DATE BUSINESS DISCONTINUED (mm, dd, yyyy)
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PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. This information is used to ensure compliance by taxpayers of P.L. 100-647, Technical Corrections Act of 1988, and the Internal Revenue Laws of the United States. The information collection is used to determine and collect the right amount of tax.

The estimated average burden associated with this collection of information is .8 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Regulations and Procedures Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, D.C. 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(SEE ATTACHED INSTRUCTION SHEET)

INSTRUCTION SHEET
TTB FORM 5630.5, SPECIAL TAX REGISTRATION AND RETURN
ALCOHOL AND TOBACCO

GENERAL INSTRUCTIONS

If you are engaged in one or more of the alcohol or tobacco activities listed on this form, you are required to file this form and pay special occupational tax before beginning business. You may file one return to cover several locations or several types of activity. However, you must submit a separate return for each tax period. The special occupational tax period runs from July 1 through June 30 and payment is due annually by July 1 (*except in the case of nonbeverage drawback claimants who must pay special tax before filing claims*). If you do not pay on a timely basis, interest will be charged and penalties may be incurred.

If you engage in a taxable activity at more than one location, attach to your return a sheet showing your name, trade name, address and employer identification number and the complete street addresses of all additional locations.

As evidence of tax payment, you will be issued a Special Tax Stamp, TTB F 5630.6A, for each location and/or business.

The special tax rates listed on this form became effective January 1, 1988. If you were engaged in an alcohol or tobacco related activity prior to this date and did not pay special occupational tax, please contact the TTB National Revenue Center for assistance.

SECTION I - TAXPAYER IDENTIFYING INFORMATION

Complete Section I, Taxpayer Identifying Information, as specified on the form. Enter the tax period covered by the return in the space provided. Your return must contain a valid EMPLOYER IDENTIFICATION NUMBER (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). **You must have an EIN whether you are an individual owner, partnership, corporation, LLC, or a government agency.** If you do not have an EIN, contact the Internal Revenue Service immediately to obtain one. While TTB may assign a temporary identification number (*beginning with XX*) to allow initial processing of a return which lacks an EIN, **a tax stamp will not be issued until you have submitted a valid EIN.** Do not delay submission of your return and payment past the due date pending receipt of your EIN. If you have not received a number by the time you file this return, write "*number applied for*" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

SECTION II - TAX COMPUTATION

To complete Section II, enter the number of locations in Col. (d) on the appropriate line(s) and multiply by the tax rate, Col. (c). Insert the tax due in Col. (e). If you begin operations (*except for nonbeverage drawback operations*) after the month of July, then you are responsible for paying a prorated amount for the portion of the year you are in business. To compute your taxes, multiply the monthly rate, Col. (b), by the number of months, treating parts of months as whole months, from the date you commenced operations through June 30. (*For example, if you commenced operations on March 14, you would multiply by 4.*) Compute the taxes due for each class and enter the total amount due in the block "Total Tax Due".

INSTRUCTIONS FOR REDUCED RATE TAXPAYERS

The reduced rates for certain taxpayer classes, indicated with an asterisk (*) in Section II, apply only to those taxpayers whose total gross receipts for your most recent income tax year are less than \$500,000 (*not just receipts relating to the activity subject to special occupational tax*). However, if you are a member of a controlled group as defined in section 5061(e)(3) of the Internal Revenue Code, you are not eligible for this reduced rate unless the total gross receipts for the entire group are less than \$500,000. If your business is beginning an activity subject to special tax for the first time, you may qualify for a reduced rate in your initial tax year if your gross receipts for the business (*or the entire control group, if a member of a control group*) were under \$500,000 the previous year. If you are eligible for the reduced rate, check item 12 in Section III and compute your tax using the reduced rate in Section II.

SECTION III - BUSINESS REGISTRATION

Please complete the ownership information in Section III. Supply the information specified in Item 11 for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol or tobacco. For a corporation, association or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

CHANGES IN OPERATIONS

If there is a change of address or location, TTB F 5630.5 must be completed and submitted within 30 days of the change (*90 days for nonbeverage drawback claimants*). Return your Special Tax Stamp, TTB F 5630.6A, along with the completed TTB F 5630.5 to: TTB, NRC, 550 Main Street, Suite 8002, Cincinnati, OH 45202 and an amended TTB F 5630.6A will be issued. All taxpayers except retail dealers must also contact the TTB National Revenue Center in order to amend their permit or to obtain a new one.

If special taxpayers do not register these changes within the appropriate time frames, additional tax and interest will be charged and penalties may be incurred. For a change in ownership or control of an activity, consult the TTB National Revenue Center before beginning the activity.

DEFINITION

A RETAIL DEALER (*tax class codes 11, 12, 15, or 16*) is anyone who sells or offers for sale, beverage alcohol products to any person other than a dealer. Examples of retailers are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.

A RETAIL DEALER AT LARGE is anyone who moves his activity from place to place in different States, such as a circus or carnival.

A WHOLESALE DEALER (*tax class codes 31 or 32*) is anyone who sells or offers for sale, beverage alcohol products to another dealer. An IMPORTER is liable for tax as a wholesaler if he or she sells beverage alcohol products to other dealers (*wholesalers or retailers*).

SIGNING RETURN

This form must be signed by the individual owner, a partner, or, in the case of a corporation, an individual authorized to sign for the corporation.

MAILING INSTRUCTIONS

Please sign and date the return, make check or money order payable to ALCOHOL AND TOBACCO TAX AND TRADE BUREAU, for the amount in the Total Tax Due block, and MAIL THE FORM ALONG WITH THE PAYMENT TO TTB, P.O. Box 371962, Pittsburgh, PA 15250-7962.

**IF YOU NEED FURTHER ASSISTANCE
CONTACT TTB NATIONAL REVENUE CENTER
AT 1-800-937-8864 OR 513-684-2979 OR**

**— YOU MAY SEND AN E-MAIL TO —
TTBTAXSTAMP@TTB.TREAS.GOV
ADDITIONAL INFORMATION IS ALSO AVAILABLE
AT OUR WEBSITE, WWW.TTB.GOV**

SEE IMPORTANT TAXPAYER REMINDER ON THE BACK OF THIS PAGE



TAXPAYER REMINDER

This is an annual tax due before starting business and by July 1 each year after that. After your initial payment of this tax, you should receive a "renewal" registration and return each year in the mail, prior to the due date. However, if you do not receive a renewal form, you are still liable for the tax and should contact the TTB National Revenue Center noted in the instructions to obtain a Special (Occupational) Tax Registration and Return.

Your canceled check may be used as evidence of tax payment until you receive your Special Tax Stamp from TTB.